



8 - A - 05

Page 1 of 2

IEA
F

UNITED STATES PATENTS AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/675,858	09/30/2003	Masahiro Minowa	9319H-000561

27572
HARNESS, DICKEY & PIERCE, P.L.C.
P.O. BOX 828
BLOOMFIELD HILLS, MI 48303

CONFIRMATION NO. 4622
FORMALITIES LETTER



OC000000016481664

Date Mailed: 07/08/2005

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

Items Required To Avoid Abandonment:

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.
Applicant must submit \$ 790 to complete the basic filing fee for a non-small entity. If appropriate, applicant may make a written assertion of entitlement to small entity status and pay the small entity filing fee (37 CFR 1.27).
- The oath or declaration is missing. *A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
Note: If a petition under 37 CFR 1.47 is being filed, an oath or declaration in compliance with 37 CFR 1.63 signed by all available joint inventors, or if no inventor is available by a party with sufficient proprietary interest, is required.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(f) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is **\$920** for a Large Entity

- **\$790** Statutory basic filing fee.
- **\$130** Late oath or declaration Surcharge.

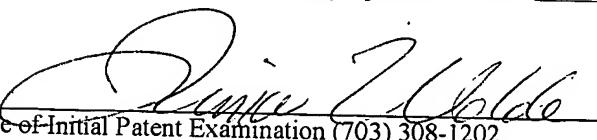
Replies should be mailed to: Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450

08/15/2005 EFLORES 00000021 503213 10675858

01 FC:1001 790.00 DA
02 FC:1051 130.00 DA

Alexandria VA 22313-1450

*A copy of this notice **MUST** be returned with the reply.*



Office of Initial Patent Examination (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

		Application Number	10/675,858
		Filing Date	September 30, 2003
		First Named Inventor	Masahiro Minowa
		Art Unit	N/A
		Examiner Name	N/A
Total Number of Pages in This Submission		Attorney Docket Number	9319H-000561

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copy of Notice to File Missing Parts, executed Declaration/Power of Attorney and acknowledgement postcard.
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name G. Gregory Schivley	Reg. No. 27,382
Signature			
Date	August 11, 2005		

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

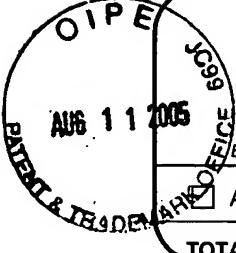
Typed or printed name	G. Gregory Schivley	Express Mail Label No.	EV 570 164 866 US (8/11/2005)
Signature		Date	August 11, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

E V 5 7 0 1 6 4 8 6 6 U S

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



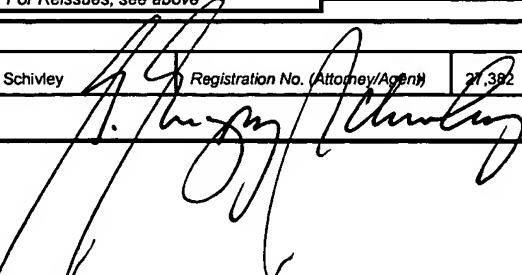
FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 920

Complete If Known	
Application Number	10/675,858
Filing Date	September 30, 2003
First Named Inventor	Masahiro Minowa
Examiner Name	N/A
Art Unit	N/A
Attorney Docket No.	9319H-000561

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 50-3213 Deposit Account Name Epson R & D				3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> </tr> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> </tr> <tr> <td>1251</td> <td>120</td> <td>2251</td> <td>60</td> </tr> <tr> <td>1252</td> <td>450</td> <td>2252</td> <td>225</td> </tr> <tr> <td>1253</td> <td>1020</td> <td>2253</td> <td>510</td> </tr> <tr> <td>1254</td> <td>1590</td> <td>2254</td> <td>795</td> </tr> <tr> <td>1255</td> <td>2160</td> <td>2255</td> <td>1080</td> </tr> <tr> <td>1401</td> <td>500</td> <td>2401</td> <td>250</td> </tr> <tr> <td>1402</td> <td>500</td> <td>2402</td> <td>250</td> </tr> <tr> <td>1403</td> <td>1000</td> <td>2403</td> <td>500</td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> </tr> <tr> <td>1452</td> <td>500</td> <td>2452</td> <td>250</td> </tr> <tr> <td>1453</td> <td>1500</td> <td>2453</td> <td>750</td> </tr> <tr> <td>1501</td> <td>1400</td> <td>2501</td> <td>700</td> </tr> <tr> <td>1502</td> <td>800</td> <td>2502</td> <td>400</td> </tr> <tr> <td>1503</td> <td>1100</td> <td>2503</td> <td>550</td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> </tr> <tr> <td>1809</td> <td>790</td> <td>2809</td> <td>395</td> </tr> <tr> <td>1810</td> <td>790</td> <td>2810</td> <td>395</td> </tr> <tr> <td>1801</td> <td>790</td> <td>2801</td> <td>395</td> </tr> <tr> <td>1802</td> <td>900</td> <td>1802</td> <td>900</td> </tr> <tr> <td colspan="4">Fee Description</td> </tr> <tr> <td colspan="4">Fee Paid</td> </tr> </tbody> </table>				Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1051	130	2051	65	1052	50	2052	25	1053	130	1053	130	1812	2,520	1812	2,520	1804	920*	1804	920*	1805	1,840*	1805	1,840*	1251	120	2251	60	1252	450	2252	225	1253	1020	2253	510	1254	1590	2254	795	1255	2160	2255	1080	1401	500	2401	250	1402	500	2402	250	1403	1000	2403	500	1451	1,510	1451	1,510	1452	500	2452	250	1453	1500	2453	750	1501	1400	2501	700	1502	800	2502	400	1503	1100	2503	550	1460	130	1460	130	1807	50	1807	50	1806	180	1806	180	8021	40	8021	40	1809	790	2809	395	1810	790	2810	395	1801	790	2801	395	1802	900	1802	900	Fee Description				Fee Paid			
Large Entity	Small Entity																																																																																																																																				
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																																																																																																																		
1051	130	2051	65																																																																																																																																		
1052	50	2052	25																																																																																																																																		
1053	130	1053	130																																																																																																																																		
1812	2,520	1812	2,520																																																																																																																																		
1804	920*	1804	920*																																																																																																																																		
1805	1,840*	1805	1,840*																																																																																																																																		
1251	120	2251	60																																																																																																																																		
1252	450	2252	225																																																																																																																																		
1253	1020	2253	510																																																																																																																																		
1254	1590	2254	795																																																																																																																																		
1255	2160	2255	1080																																																																																																																																		
1401	500	2401	250																																																																																																																																		
1402	500	2402	250																																																																																																																																		
1403	1000	2403	500																																																																																																																																		
1451	1,510	1451	1,510																																																																																																																																		
1452	500	2452	250																																																																																																																																		
1453	1500	2453	750																																																																																																																																		
1501	1400	2501	700																																																																																																																																		
1502	800	2502	400																																																																																																																																		
1503	1100	2503	550																																																																																																																																		
1460	130	1460	130																																																																																																																																		
1807	50	1807	50																																																																																																																																		
1806	180	1806	180																																																																																																																																		
8021	40	8021	40																																																																																																																																		
1809	790	2809	395																																																																																																																																		
1810	790	2810	395																																																																																																																																		
1801	790	2801	395																																																																																																																																		
1802	900	1802	900																																																																																																																																		
Fee Description																																																																																																																																					
Fee Paid																																																																																																																																					
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fees under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				Fee Calculation 1. BASIC FILING FEE <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> </tr> <tr> <td>1001</td> <td>790</td> <td>2001</td> <td>395</td> </tr> <tr> <td>1002</td> <td>350</td> <td>2002</td> <td>175</td> </tr> <tr> <td>1003</td> <td>550</td> <td>2003</td> <td>275</td> </tr> <tr> <td>1004</td> <td>790</td> <td>2004</td> <td>395</td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> </tr> <tr> <td colspan="2">SUBTOTAL (1)</td> <td colspan="2">(\$ 790)</td> </tr> </tbody> </table> 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Independent Claims</th> <th>Multiple Dependent</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td>-20 **</td> <td>= 0 X 0 = 0</td> </tr> <tr> <td></td> <td></td> <td></td> <td>-3 **</td> <td>= 0 X 0 = 0</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>X 0 = 0</td> </tr> <tr> <td colspan="2"></td> <td colspan="3">SUBTOTAL (2) (\$ 0)</td> </tr> </tbody> </table>				Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	790	2001	395	1002	350	2002	175	1003	550	2003	275	1004	790	2004	395	1005	160	2005	80	SUBTOTAL (1)		(\$ 790)		Total Claims	Independent Claims	Multiple Dependent	Fee from below	Fee Paid				-20 **	= 0 X 0 = 0				-3 **	= 0 X 0 = 0					X 0 = 0			SUBTOTAL (2) (\$ 0)																																																																									
Large Entity	Small Entity																																																																																																																																				
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																																																																																																																		
1001	790	2001	395																																																																																																																																		
1002	350	2002	175																																																																																																																																		
1003	550	2003	275																																																																																																																																		
1004	790	2004	395																																																																																																																																		
1005	160	2005	80																																																																																																																																		
SUBTOTAL (1)		(\$ 790)																																																																																																																																			
Total Claims	Independent Claims	Multiple Dependent	Fee from below	Fee Paid																																																																																																																																	
			-20 **	= 0 X 0 = 0																																																																																																																																	
			-3 **	= 0 X 0 = 0																																																																																																																																	
				X 0 = 0																																																																																																																																	
		SUBTOTAL (2) (\$ 0)																																																																																																																																			
**or number previously paid, if greater; For Reissues, see above				*Reduced by Basic Filing Fee Paid Complete (if applicable) SUBMITTED BY Name (Print/Type) G. Gregory Schivley Registration No. (Attorney/Agent) 27,382 Telephone (248) 641-1600 Signature  Date August 11, 2005																																																																																																																																	